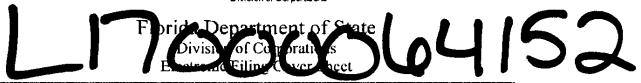
3/22/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (614)280-3338

Phone

Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.

Grand Reserve Partners, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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MAR 2 3 2017

K. Brumbley

COVER LETTER

| | ew Flling Section ivision of Corporations |
|---------------|---|
| SUBJECT | Crand Reserve Partners, LLC |
| BODJEC: | Name of Limited Liability Company |
| The enclos | sed Articles of Organization and fee(s) are submitted for filing. |
| Please retu | ern all correspondence concerning this matter to the following: |
| | BEATA TRUSKSLASKA |
| | ESG CULEN UC Firm/Company |
| | 670 Third Ave Suite 1810 |
| | New York 1 1017 City/State and Zip Code |
| | E-mail address; (to be used for future annual report notification) |
| For further l | nformation concerning this matter, please call: |
| F | Name of Person Area Code Daytime Telephone Number |
| Enclosed to | s a check for the following amount: |
| \$125.00 F | iling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed) |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Chifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Grand Reserve P | artners, LLC | | |
|--|---|---|---|
| (Must | contain the words "Limited I | Liability Company, "I | L.L.C.," or"LLC.") |
| RTICLE II - Address: be mailing address and stre | et address of the principal of | ffice of the Limited E | iability Company is: |
| Pri | cinal Office Address: | | Mailing Address |
| | n. 1010 | <i>(75.</i> 2. | A Ota 1010 |
| 675 3rd Avenue, | Ste. 1810 | · 0/3-01 | rd Avenue, Sto: 1810 |
| The Limited Liability Comp | 0017 Agent, Registered Office, | & Registered Agent' Registered Agent Yo | York, NY 10017 |
| Now York, NY ARTICLE III - Registered (The Limited Liability Companother business entity with | Agent, Registered Office, only cannot serve as its own an active Florida registration and address of the registered | & Registered Agent. You.) | York, NY 10017 |
| New York, NY ARTICLE III - Registered The Limited Liability Companother business entity with | Agent, Registered Office, cany cannot serve as its own an active Plorida registratio | Registered Agent You.) i agent are: | York, NY 10017 |
| Now York, NY ARTICLE III - Registered (The Limited Liability Companother business entity with | Agent, Registered Office, cany cannot serve as its own an active Florida registratio rect address of the registered CT Corporation Syst | & Registered Agent You.) agent are: tem Name | York, NY 10017 |
| Now York, NY ARTICLE III - Registered (The Limited Liability Companother business entity with | Agent, Registered Office, cany cannot serve as its own an active Florida registration rect address of the registered CT Corporation Syst 1200 South Fine Isla | & Registered Agent You.) i agent are: tem Name | York, NY 10017 's Signature: ou smist designate an individual o |
| Now York, NY ARTICLE III - Registered (The Limited Liability Companother business entity with | Agent, Registered Office, cany cannot serve as its own an active Florida registratio rect address of the registered CT Corporation Syst | & Registered Agent You.) i agent are: tem Name | York, NY 10017 's Signature: ou smist designate an individual o |
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nd I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

CT Corporation System

Registered Agent's Signapure (REQUIRED)

Leura Broderick Assistant Secretary

(CONTINUED)

| <u> Title:</u> | Name and Address: |
|--|--|
| 'AMBR" = Authorized Member | |
| 'MGR" = Manager | |
| MOR | Eric Granowsky 675 3rd Avonue, Ste. 1810 |
| | 675 3rd Avenue, Ste. 1810 |
| | New York, NY 10017 |
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| V: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does next's effective date on the Depart | be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no |
| f filing.) the date inserted in this block does nent's effective data on the Depart VI: Other provisions, if any. | be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no ment of State's records. |
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| EV: Effective date, if other than the tive date is listed, the date must filling.) he date inserted in this block does near's effective date on the Depart EVI: Other provisions, if any. Signature of This document is I am aware that an constitutes a third | not meet the applicable statutory filing requirements, this date will no ment of State's records. The antimber of the authorized representative of a member, necould in accordance with section 605,0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State. |